



Request for Internet Service Reimbursement

Under the Laboratory's **Remote Access Policy**, reimbursement for home internet service may be provided for employees who are required to be on-call to perform time-critical tasks that require internet connectivity and that would otherwise require the employee to come to the Lab outside normally scheduled business hours.

The reimbursement amount is at the discretion of the Division/Section Head up to a maximum of \$50.00 per month, not to exceed the actual cost of the service.

Attach the original bill(s) to this request.

Date of Request _____

Employee Name _____ **FNAL ID #** _____

Division/Section _____ **Department** _____

Description of Operational Need _____

Reimbursement Amount \$ _____

Service period dates - from _____ **to** _____

Project _____ **Task** _____ **Expenditure Organization** _____

By signing this document as employee, I acknowledge that the reimbursement amount above represents business usage of home internet services.

Employee Signature _____ **Date** _____

Approved:

Division/Section

Head Signature _____ **Date** _____

Accounting Approval: _____ **Date** _____

Bring completed form to Cashier's Office for cash reimbursement, or send to MS 112 for reimbursement by check.